Perceived barriers to accessing mental health services among ethnic minorities: A qualitative study in Southeast England

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Background In most European countries, there are significant disparities in the understanding of mental health conditions and access to mental health services among ethnic minority groups.

Studies in the UK suggest that individuals from ethnic minorities:

- have complex pathways to accessing mental health services
- have longer length of inpatient stays
- are less likely to take antidepressants
- are less likely to contact general practitioners about mental health.

It is unclear whether these disparities represent variation in mental health needs, or result from personal/environmental factors and/or relationships between service users and healthcare providers.

This qualitative study sought to identify perceived barriers to accessing mental health services among individuals from ethnic minorities in Southeast England to inform the development of effective and culturally acceptable services.

Methods Twenty six adults from ethnic minorities were recruited by community development workers to participate in two focus groups. Discussions were facilitated by researchers trained in cross-cultural communication and the qualitative methodology. Thematic analysis was conducted to identify key emerging themes.

Results Two broad themes were identified:

- **Personal and environmental factors** including: inability to recognise symptoms; males being reluctant to seek help; absence of social networks; social networks as an alternative to professional services; cultural identity and stigma; and financial factors.
- **Relationship between service user and healthcare provider** including: waiting times; language and communication difficulties; health professionals not listening to concerns or responding to individual needs; power and authority imbalance between healthcare providers and patient; culturally insensitive services; and lack of awareness about services.

Conclusion Members of ethnic minorities require greater mental health literacy and practical support to raise awareness of mental health issues, and provided with appropriate information about the different services and pathways to access these services.

- Healthcare providers need to be supported in developing effective communication strategies to deliver individually tailored and culturally sensitive care.
- The engagement of ethnic minorities in the development and delivery of culturally appropriate mental health services could also facilitate better understanding of mental health conditions and improved utilisation of mental health services.

Figure 1 Perceived barriers to accessing mental health services

Personal and environmental factors	**Example comments**
Recognition of mental health problems	*"never heard of mental health or being depressed" "hide it, until last minute when it is very bad"*
Gender	*"Men, we tend to keep things to ourselves. We don't think that by exposing our own insides to outside will bring any solution at all…I am a man, I can sort it out."*
Social networks	*"if your family structure breaks down you find yourself so incredibly isolated. Its then that you might realise that, it's not to do with intelligence or anything, it's just like, where to go to find help is really hard"*
Cultural identity and stigma	*"deal with it…you're supposed to be strong. You're from Africa"* *"because in our country if you hear about somebody in this family sick, is mental, you lose trust in this person and whole family"*
Finances	*"There's no money. We just can't afford it.."*
Relationship between service user and healthcare provider	
Waiting times	*"there was a four month waiting list before she could get any support. (…) her state went from being one in which she was quite open to getting help to one where (…)basically her situation declined significantly"*
Language	*"They don't know how to explain their problems. That's why they don't want to go to GP many times. So they remain with their illness. That is our big problem."*
Communication	*"you treat everybody with the same brush(…) you go in and (…) you are just like the next person. They don't take time to listen to you. And I don't think it's because of colour or anything like that.*
Responding to needs	*"just fill this form in and say how your mood is and I'll give you some antidepressants"* *"for me it really felt like they were wasting my time. He didn't give me any help whatsoever"*
Power and authority	*"the power simply with the stroke of a pen to decide whether you are going to be sectioned or whether you are going to be sent away for some counselling. Or … administered some…kind of medicine"*
Cultural naivety, insensitivity and discrimination	*"the psychiatrist could understand what I was talking about because he come from outside the country. He's not British, not white British. So he understood what's different between here and outside the country."* *"They don't want to be aware of what we are trying to say. So, they just put in a category. Just white British way."*
Awareness of available services	*"when we access the doctors if they don't know that there are these kind of groups we can turn to then it's a futile exercise."*

Recommendations

- Raise local and national awareness of mental health and reduce stigma.
- Promote awareness of available local and national mental health services, and provide information to the public and healthcare professionals on how to access services.
- Expand and enhance role of staff from ethnic minorities within mental health services.
- Develop workplace cultural awareness and sensitivity: this could include education on the impact of ethnicity and gender in relation to access.
- Develop services more responsive and sensitive to BME needs: active service user engagement in developing and delivering services.

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